

CATENA AMERICA NOW.ORG SUPERPAC

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IDENTIFICATION #C00591602

BANK FINANCIAL STATEMENT

The Catena America Now.Org has set up its banking activities with the BB&T (Branch Banking and Trust Company) in Richmond, VA. Account # and other information available upon request.

Frederick E. Hamler

Treasurer

NOV 10 10 00 AM '08

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2016 MAY 19 AM 9:05  
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**  
CATENA AMERICA NOW ORG

ADDRESS (number and street) 1021 German School Road # 727  
Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00591602 **CITY** Richmond **STATE** VA **ZIP CODE** 23225  
3. **IS THIS REPORT**  **NEW** (N) **OR** **AMENDED** (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
 (b) Monthly Report Due On:  
 Feb 15 (M5)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
 (c) 12-Day Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 PRE-Election  Convention (12C)  Special (12S)  
 Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 (d) 30-Day Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
 Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 1 - 16 through 4 - 16

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
 Type or Print Name of Treasurer Frederick L Hamler  
 Signature of Treasurer Frederick L Hamler Date 2-20-2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

20160519 10:01:00 AM



**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

W or Type Committee Name

**CATENA AMERICA NOW. ORG**

M M D D Y Y Y Y

M M / D D Y Y Y Y

Report Covering the Period: From:

To:

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
  - (i) Itemized (use Schedule A).....
  - (ii) Unitemized.....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii))..... **0** ▶

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... **0** ▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3)..... **0**

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... **0** ▶

20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... **0** ▶

1-800-438-1234

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share .....			
(ii) Non-Federal Share.....			
(b) Other Federal Operating Expenditures .....			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0		
22. Transfers to Affiliated/Other Party Committees.....			
23. Contributions to Federal Candidates/Committees and Other Political Committees.....			
24. Independent Expenditures (use Schedule E) .....	0		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....			
26. Loan Repayments Made.....			
27. Loans Made.....			
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....			
(b) Political Party Committees .....	0		
(c) Other Political Committees (such as PACs).....			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0		
29. Other Disbursements.....			
30. Federal Election Activity (52 U.S.C. § 30101(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share .....			
(ii) "Levin" Share.....			
(b) Federal Election Activity Paid Entirely With Federal Funds .....			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..			
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0		

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**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0	0
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	0

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**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CATENA America Now ORG**

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		
Name of Employer	Occupation	Memo Item
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		
Name of Employer	Occupation	Memo Item
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		
Name of Employer	Occupation	Memo Item
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶ 0
<b>TOTAL</b> This Period (last page this line number only).....	▶ 0

2015-10-10 10:10:00 AM

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26		
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CATENA AMERICA NOW.ORG**

A.		Date of Disbursement	
Mailing Address		M M D D Y Y	
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Memo Item	
State: District:			

B.		Date of Disbursement	
Mailing Address		M M D D Y Y	
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Memo Item	
State: District:			

C.		Date of Disbursement	
Mailing Address		M M D D Y Y	
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name		Category/Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Memo Item	
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	0
TOTAL This Period (last page this line number only).....▶	0

2010-10-10 10:00 AM

**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (In Full)  
**CATENA AMERICA NOW. ORG**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)	<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address		
City	State	ZIP Code
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate	Secured:
	MM / DD / YYYY	MM / DD / YYYY	% (apr)	Yes   No

List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	▶ 0
<b>TOTALS</b> This Period (last page in this line only).....	▶ 0
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

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**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <i>CATENA America Now ORG</i>		FEC IDENTIFICATION NUMBER <i>C</i>
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
Mailing Address	Date Incurred or Established	M M U U Y Y Y Y
City State Zip Code	Date Due	M M U U Y Y Y Y

A. Has loan been restructured?  No  Yes If yes, date originally incurred M M U U Y Y Y Y

B. If line of credit, Total Outstanding Balance: \_\_\_\_\_  
 Amount of this Draw: \_\_\_\_\_

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____	What is the value of this collateral?  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes
---	---

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____	What is the estimated value?  \$ _____
--	--

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date account established: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE M M U U Y Y Y Y
---	-------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE M M U U Y Y Y Y
Title		

2003-10-10 10:10:00 AM

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**CATENA AMERICA NOW. ORG**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

- |  |
|--|
| 1) SUBTOTALS This Period This Page (optional).....▶                                      |
| 2) TOTALS This Period (last page this line number only).....▶                            |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶                        |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶ |

2010-01-14 10:01 AM 00000000

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE	OF
FOR LINE 24 OF FORM 3X	

NAME OF COMMITTEE (In Full) <b>CATEYA AMERICA NOW.ORG</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination
Mailing Address		Amount
City State Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure	Category/Type	
Name of Federal Candidate	Support Oppose	Office Sought: House District: _____ President Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶ _____

Full Name of Payee	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination
Mailing Address		Amount
City State Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure	Category/Type	
Name of Federal Candidate	Support Oppose	Office Sought: House District: _____ President Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶ _____

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶

(b) **SUBTOTAL** of Unitemized Independent Expenditures..... ▶

(c) **TOTAL** Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

PAGE OF  
 FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) <b>CATENA AMERICA NOW. ORG</b>	Check if 24-hour notice.
---	-----------------------------

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee  Mailing Address  City State ZIP Code
--	--

Full Name (Last, First, Middle Initial) of Each Payee	Memo Item	Purpose of Expenditure	Category/ Type
Mailing Address		Date	
City State Zip Code		Amount	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: _____ District: _____	
Aggregate General Election Expenditure for this Candidate ▶			
Full Name (Last, First, Middle Initial) of Each Payee	Memo Item	Purpose of Expenditure	Category/ Type
Mailing Address		Date	
City State Zip Code		Amount	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: _____ District: _____	
Aggregate General Election Expenditure for this Candidate ▶			
Full Name (Last, First, Middle Initial) of Each Payee	Memo Item	Purpose of Expenditure	Category/ Type
Mailing Address		Date	
City State Zip Code		Amount	
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: _____ District: _____	
Aggregate General Election Expenditure for this Candidate ▶			

<b>SUBTOTAL</b> of Expenditures This Page (optional).....▶	
<b>TOTAL</b> This Period (last page this line number only).....▶	

2015-10-10 10:00:00

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

CATENA AMERICA NOW. ORG

USE ONLY ONE SECTION, A or B

**A. State and Local Party Committees**

Fixed Percentage (select one)

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check **or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative

Generic Voter Drive

Public Communications Referencing Party Only

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

PAGE OF

NAME OF COMMITTEE (In Full)

**CATENA AMERICA NOW.ORG**

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	%	%

2008-10-08 10:10:00 AM

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE \_\_\_\_\_ OF \_\_\_\_\_  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)  
**CATENA AMERICA NOW . ORG**

NAME OF ACCOUNT	DATE OF RECEIPT M M / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	----------------------------------	--------------------------

BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative .....		
ii) Generic Voter Drive .....		
iii) Exempt Activities .....		
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		
b) _____		
c) Total Amount Transferred For Direct Fundraising .....		
v) Direct Candidate Support (List Activity or Event Identifier)		
a) _____		
b) _____		
c) Total Amount Transferred For Direct Candidate Support .....		
vi) Public Communications Referring Only to Party (Made by PAC) .....		

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred) .....	

2008-01-10 10:00:00 AM



**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE \_\_\_\_\_ OF \_\_\_\_\_  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)  
**CATENA AMERICA NOW.ORG**

NAME OF ACCOUNT	DATE OF RECEIPT M M D D Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	------------------------------------	--------------------------

**BREAKDOWN OF THIS TRANSFER**

<b>i) Voter Registration</b>	VOTER REGISTRATION	
Total Amount Transferred for Voter Registration.....		
<b>ii) Voter ID</b>	VOTER ID	
Total Amount Transferred for Voter ID .....		
<b>iii) GOTV</b>	GOTV	
Total Amount Transferred for GOTV .....		
<b>iv) Generic Campaign Activity</b>	GENERIC CAMPAIGN ACTIVITY	
Total Amount Transferred for Generic Campaign Activity .....		

NAME OF ACCOUNT	DATE OF RECEIPT M M D D Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	------------------------------------	--------------------------

**BREAKDOWN OF THIS TRANSFER**

<b>i) Voter Registration</b>	VOTER REGISTRATION	
Total Amount Transferred for Voter Registration.....		
<b>ii) Voter ID</b>	VOTER ID	
Total Amount Transferred for Voter ID .....		
<b>iii) GOTV</b>	GOTV	
Total Amount Transferred for GOTV .....		
<b>iv) Generic Campaign Activity</b>	GENERIC CAMPAIGN ACTIVITY	
Total Amount Transferred for Generic Campaign Activity .....		

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

**TOTAL** This Period (Voter Registration).....

**TOTAL** This Period (Voter ID) .....

**TOTAL** This Period (GOTV).....

**TOTAL** This Period (Generic Campaign Activity).....

**TOTAL** This Period (Total Amount of Transfers Received).....

2008-10-10 10:10:00 AM

**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

*CATENA AMERICA NOW. ORG*

A. Full Name (Last, First, Middle Initial) / Full Organization Name		<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
			<input checked="" type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
			<input type="checkbox"/> Voter ID	<input checked="" type="checkbox"/> Generic Campaign
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code		
Purpose of Disbursement		Category/Type	Date	
FEDERAL SHARE		+	LEVIN SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
			<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
			<input type="checkbox"/> Voter ID	<input checked="" type="checkbox"/> Generic Campaign
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code		
Purpose of Disbursement		Category/Type	Date	
FEDERAL SHARE		+	LEVIN SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		<input type="checkbox"/> Memo Item	Type of Allocated Activity or Event:	
			<input type="checkbox"/> Voter Registration	<input type="checkbox"/> GOTV
			<input type="checkbox"/> Voter ID	<input checked="" type="checkbox"/> Generic Campaign
Mailing Address			Allocated Activity or Event Year-To-Date	
City	State	Zip Code		
Purpose of Disbursement		Category/Type	Date	
FEDERAL SHARE		+	LEVIN SHARE	= TOTAL AMOUNT

<b>SUBTOTAL</b> of Shared Federal and Levin Activity This Page				
FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<b>TOTAL</b> This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))				
FEDERAL SHARE				TOTAL AMOUNT
		LEVIN SHARE		
<b>TOTAL</b> This Period for the Levin Share				

2025-10-10 10:00 AM

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full) <span style="font-size: 1.5em; font-family: cursive;">CATENA AMERICA NOW . ORG</span>
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
<b>1. RECEIPTS FROM PERSONS</b>		
(a) Itemized ..... <small>(Use Schedule L-A)</small>	,	,
(b) Unitemized .....	,	,
(c) Total .....	,	,
<b>2. OTHER RECEIPTS .....</b>		
<b>3. TOTAL RECEIPTS .....</b> <small>(Add Lines 1c and 2)</small>		
<b>4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b> <small>(Use Schedule L-B)</small>		
(a) Voter Registration .....	,	,
(b) Voter ID .....	,	,
(c) GOTV .....	,	,
(d) Generic Campaign .....	,	,
(e) Total .....	,	,
<b>5. OTHER DISBURSEMENTS .....</b>		
<b>6. TOTAL DISBURSEMENTS .....</b> <small>(Add Lines 4e and 5)</small>		
<b>7. BEGINNING CASH ON HAND .....</b> <small>(for Column B, use cash as of January 1st)</small>		
<b>8. RECEIPTS .....</b> <small>(from Line 3)</small>		
<b>9. SUBTOTAL .....</b> <small>(Add Lines 7 and 8)</small>		
<b>10. DISBURSEMENTS .....</b> <small>(From Line 6)</small>		
<b>11. ENDING CASH ON HAND .....</b> <small>(Subtract Line 10 From Line 9)</small>		

40005 70000 1 WD 101 1 WD 1 01-01-01

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	PAGE	OF
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 2	

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NAME OF COMMITTEE (In Full)  
**CATENA AMERICA NOW. ORG**

<b>A.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Receipt M M . D D . Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period \$ : Aggregate Year-to-Date
	City State Zip Code	
	Name of Employer or Principal Place of Business	
	Occupation	
<b>B.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Receipt M M . D D . Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period \$ : Aggregate Year-to-Date
	City State Zip Code	
	Name of Employer or Principal Place of Business	
	Occupation	
<b>C.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Receipt M M . D D . Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period \$ : Aggregate Year-to-Date
	City State Zip Code	
	Name of Employer or Principal Place of Business	
	Occupation	
<b>D.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Receipt M M . D D . Y Y Y Y
	Mailing Address	Amount of Each Receipt this Period \$ : Aggregate Year-to-Date
	City State Zip Code	
	Name of Employer or Principal Place of Business	
	Occupation	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶
<b>TOTAL</b> This Period (last page this line number only).....▶

NO-10, 011-101, 011, 0000, 500000

**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

Use separate schedule(s)  
 for each category of the  
 Aggregation Page

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)  
**CATENA AMERICA NOW. ORG**

<b>A.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Disbursement
	Mailing Address	MMDDYYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
<b>B.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Disbursement
	Mailing Address	MMDDYYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
<b>C.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Disbursement
	Mailing Address	MMDDYYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
<b>D.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Disbursement
	Mailing Address	MMDDYYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	
<b>E.</b>	Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item	Date of Disbursement
	Mailing Address	MMDDYYYY
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	

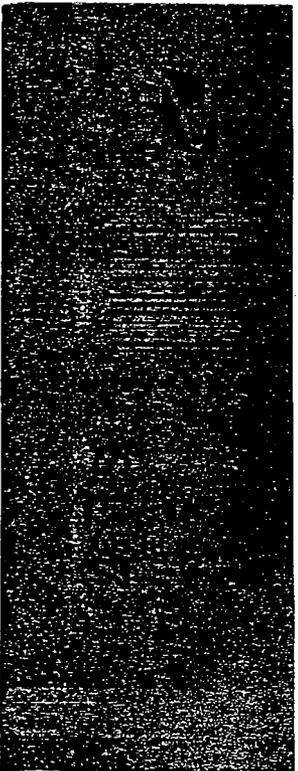
**SUBTOTAL** of Disbursements This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

2014-10-10 10:00 AM 0000-5000

Pearlene J. Hamler  
1021 German School Road, #727  
Richmond, VA 23225-4264

Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463



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